

PRIVACY ACT RELEASE FORM

Please return form to:

Congresswoman Shelley Moore Capito
222 W. John Street
Martinsburg, WV 25401
Phone: (304) 264-8810
Fax: (304) 264-8815

As required by the Privacy Act of 1974, I authorize United States Representative Shelley Moore Capito to obtain information from any federal and/or state government records regarding me in connection with my _____ claim or problem. (Agency)

Signature: _____ Date: _____

Name: _____ Phone No: _____

Address: _____

City,State,Zip: _____

SSN: _____ Claim No: _____

Please describe your problem and the current status of your claim.

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